



# CLAIMANT MOTOR ACCIDENT REPORT FORM

## ACCIDENT

Date of accident: ..... Time: ..... A.M/P.M.

Place where the accident occurred .....

Was the accident reported to the Police? ..... If so, please state .....

Date reported: ..... Time: ..... A.M/P.M.

(a) Police present at the scene? Yes  No

(b) Address of Police Station .....

(c) Name and Number of Investigating Officer .....

(d) Were you warned for prosecution? .....

(e) Was the other Driver warned for prosecution? .....

Approximate speed of vehicle at time of accident: ..... M.P.H.

What Lamps were lit on the vehicle? .....

Was the visibility good? .....

Was the pavement wet? .....

Do you think you were at fault in this accident? Yes  No

Were you wearing your seatbelt Yes  No

## DAMAGE/NATURE TO CLAIMANT'S PROPERTY/INJURY

Name: ..... Date of birth: .....

Home Address: ..... Phone: .....

Business/ Occupation: ..... Employer: .....

Business Address: ..... Phone: .....

**If vehicle was involved, please state:**

Registration No ..... Type of vehicle .....

Owner's name and address.....

Driver's name and address .....

Insurance Company ..... Nature of damage .....

Approximate cost of repair (Attach Estimate) \$.....

Where is the vehicle now? .....

Who are the repairers? .....

How many passengers were in the vehicle? .....

Were the persons in the vehicle injured? .....

**If any pedestrian, cyclist or property involved, please state:**

(a) Name and address .....

(b) Nature of injury, if any .....

(c) Damage to cycle: .....

(d) Damage to property: .....

**In every instance where your property sustains damage or there is personal injury, and you have the right to file a claim under the policy, kindly submit promptly to the company an evaluation of repair costs (estimate), medical reports, and medical expenses.**

**PASSENGERS IN CLAIMANT'S VEHICLE**

Name	Address	Occupation	Relationship to Insured

**PARTICULARS OF THIRD PARTIES**

**If any pedestrian, cyclist or property involved, please state:**

(a) Name and address .....

(b) Nature of injury, if any .....

(c) Damage to cycle .....

(d) Damage to property .....

**If other vehicles were involved, please state:**

1. Registration No..... Type of vehicle.....

Owner's name and address.....

Driver's name and address.....

Insurance Company..... Nature of damage.....

Approximate cost of repair (Attach Estimate) \$.....

How many passengers were in the vehicle? .....

Were the persons in the vehicle injured? .....

2. Registration No..... Type of vehicle.....

Owner's name and address.....

Driver's name and address.....

Insurance Company..... Nature of damage.....

Approximate cost of repair \$.....



**(Any communications that you receive about the accident should not be answered but sent to the Company immediately).**

The undersigned hereby makes claim for benefits and authorizes any physician or hospital, Social Security or other person to release and furnish Blue Creek Insurance Company Ltd. or its representatives any and all information concerning any injury, death, or damage to property including all estimates, surveys, consultations, or treatments and copies of all hospital or medical records that may be included as a part of the proof of claim submitted to the Company.

I DECLARE that these particulars are true and complete. I agree that if I have made any false statement or concealed any material fact, the claim shall be absolutely forfeited.

Please be advised that Blue Creek Insurance Company Ltd. reserves the right to record interviews. Conversations pertaining to any claim and any such recorded conversation may be used as evidence in civil or criminal proceedings.

Dated \_\_\_\_\_

Signature of Insured(s) \_\_\_\_\_

Dated \_\_\_\_\_

Signature of Driver \_\_\_\_\_

Signature of Witness \_\_\_\_\_